MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)

SERIAL NO.

10/532265

FILING DATE

CLA	IMS
-----	-----

	AS FILED		AFTER L'AMENDMENT		AFTER 2 MAMENDMENT		
	IND.	DEP.	IND.	DEP.	IND.	DEP.	
1			ŀ				
2	 						
3	 	1 2 2	ļ				
5			ļ				
6	1	2					
7				<u> </u>			
8							
9							
10							
11		Ø		1			
12		0					
13 14		90		l			
15		<u> </u>		1			
16		8					
17		_ 0		1			
18	1		\				
19				1			
20		2		1			
21							
22 23		1 1		1			
24	 						
25				_			
26							
27							
28							
29							
30 31							
32					- 		
33							
34							
35							
36							
37							
38	-					——	
40	 						
41							
42							
43							
44							
45							
46 47							
48							
49							
50						-	
TOTAL IND.	4	4	4	4		#	
TOTAL DEP	24	4	23	4		42	
TOTAL CLAIMS	28		27				
PTO - 1360 (REV. 11/94)							

T -	T -		45	TED			
İ	AS FILED		AF 1 AME	TER NDMENT	AFTER		
IND. DEP.				2 AMENDMENT			
51	IND.	DEP.	IND.	DEP.	IND.	DEP.	
52	1			 			
53	1		· ·	 	 	 	
54					 -	 	
55						 	
56						 	
57						1	
58	 						
59 60	 						
61	 					ļ	
62						 	
63							
64							
65						 	
66							
67							
68.							
69 70							
71							
72							
73							
74							
75							
76							
77							
78 79							
80							
81					·		
82							
83							
84							
85							
86 87							
88							
89							
90							
91							
92							
93]		
94		— <u> </u>					
95 96		— <u> </u>					
97							
98		+					
99							
100							
TOTAL IND.		#		4		#	
TOTAL DEP		4		4	····	4	
TOTAL CLAIMS						A	
		S. DEPARTA			· · ·		
THE CHARLE VILLE							